

The reprieve was the latest in a series of waivers, deadline extensions and unilateral actions by the administration—

Here you have them. This is just in 2013. Now we have more in 2014.

—unilateral actions by the administration that have drawn criticism from the law's opponents and supporters, many saying President Obama was testing the limits of his powers.

I believe that. I believe the President has gone way beyond the limits of his powers.

The action reflects the difficulties Mr. Obama—

The President of the United States, who told the American people, if they like what they have they can keep it; if they like their doctor, they can keep their doctor; who said insurance premiums would go down—all of which are untrue, one called the 'lie of the year.'

The action reflects the difficulties Mr. Obama has faced in trying to build support for the Affordable Care Act and the uproar over his promise—which he later acknowledged has been overstated—that people who liked their insurance plans could keep them, no matter what.

Over 5 million Americans got letters of cancellation, 3,500 in the State of Wyoming. A woman with a wonderful policy that worked for her, worked for her family, lost her insurance because it did not cover maternity care. She writes to me as a doctor and says:

Dr. BARRASSO, please explain to the President of the United States that I have had a hysterectomy. I don't need maternity coverage.

You would think the President would understand that. You would think the Democrats who shoved this health care law down the throats of the American people would understand that as well.

This is interesting. Still on the front page of this morning's New York Times:

Under pressure from Democratic candidates who are struggling to defend the President's signature domestic policy, Mr. Obama in November announced a one-year reprieve for insurance plans that did not meet the minimum coverage requirements of the 2010 health care law.

Wednesday's action goes much further, essentially stalling for two more years one of the central tenets of the much-debated law, which was supposed to eliminate what White House officials called substandard insurance and junk policies.

If this is what the President believes, why is he now coming out and having a delay announced—not coming to Congress, not saying: Hey, let's try to do something a little differently. Let me propose this. Let's have a bipartisan agreement to come up with some solutions to actually help people get what they wanted in the beginning with health care reform, the care they need from a doctor they choose at lower costs.

The letters I am reading show people not being able to do that. They are paying much higher rates for things they do not need, will never use. We are hearing from people all across the

country who are losing their doctor, can't keep their doctor, higher out-of-pocket costs.

We hear now the President wants to do some things unilaterally because a group of Democratic Senators who are up for reelection are worried about their political future, not about the future of the American people and the health care of the American people. That is why they are doing this.

You say: No, that seems like an exaggeration.

Well, let's go on. This next paragraph in the New York Times this morning:

The extension could help Democrats in tight midterm election races because it may avoid the cancellation of policies that would otherwise have occurred at the height of the political campaign season this fall.

So the cancellations are still going to happen, people are still going to continue to be hurt. We have over 5 million people who have gotten letters of cancellation. It is not saying: Oh, the cancellations are never going to happen. It is saying: It will push them out until after the election, so people will not be so irritated, angry, and aggravated at the Democrats who voted for it, in an effort to try to save their elections, try to save their Senate seats, but not to help the American people.

This goes on:

In announcing the new transition policy, the Department of Health and Human Services said it had been devised "in close consultation with members of Congress," and it gave credit to a number of Democrats in competitive races, including Senators Mary L. Landrieu of Louisiana, Jeanne Shaheen of New Hampshire and Mark Udall of Colorado.

So the reason that the White House goes time after time, all these delays, all this and that, is not to help the American people; it is not to help patients; it is not to help the providers of health care; it is not to help the taxpayers; it is to help a couple of Democratic Senators whom they name—whom the Secretary of Health and Human Services names as recipients of the help because the President is worried about Democrats losing elections this fall.

The Hill newspaper yesterday. "New ObamaCare delay to help midterm Dems." Not to help Americans, not to help the people from my State who write letters about the concerns of their lives, not to help all of those people about whom my colleagues and I continue to come to the floor with letters to tell their stories, to tell about their lives, to tell about the pain they are suffering because of the health care law.

It is not about the failed Web site. We all know the Web site. The President said: It will be as easy to use as Amazon, cheaper than your cell phone bill. You will be able to keep your doctor—several days before the Web site opened and crashed. No, it is more than about the Web site. It is about people's lives. It is about if they are able to keep their doctor. It is about cuts to Medicare Advantage and hurting our seniors who are having a harder time

getting doctors. It is about people paying higher premiums. It is about people having higher out-of-pocket costs, higher copays, higher deductibles. It is all of those things.

It is about hospitals in States that are not part of any of these exchanges, people in the communities cannot go there, they have to travel further distances. Nope, the President is not doing this for any of those reasons, not to help any of those people, he is doing it to help midterm Democrats because they are afraid they are going to lose their States, their majority, afraid they are going to be impacted and thrown out of office for absolutely reckless behavior on the part of a Congress that did not work in a bipartisan way, shoved the health care law down the throats of the American people in a way not to improve their lives, but to say that Congress knows better than people back home.

I am going to continue to come to the floor with letters and stories. I will be at the health fair in Buffalo, WY, on Saturday morning talking to folks in my community, seeing what they have to say about their lives, their families, their jobs, their wages, those of them who are losing jobs or losing hours as a result of the health care law, those who cannot afford new insurance under the exchanges even though they had insurance they liked—even though they did not like the price, it was cheaper than it is now. The President said it wasn't good enough for them.

I am going to continue to work for solutions to help patients all across this country have patient-centered care—not government-centered care or insurance company-centered care—to help patients get the care they need from a doctor they chose at lower cost—a complete failure by this administration and by this health care law.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MARKEY). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. MURPHY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. MURPHY. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MURPHY. Mr. President, I ask unanimous consent to be recognized for such time as I may consume.

The PRESIDING OFFICER. The Senator from Connecticut is recognized for that purpose.

AFFORDABLE CARE ACT

Mr. MURPHY. Mr. President, we now are in about the sixth month of the implementation of the Affordable Care Act. We have over 11 million people who have received health care—who previously had not been able to receive it—either through the private exchanges, which have signed up 4 million people all across the country; through the expansion of Medicaid, which has reached millions more; or through all of the young people who are able to stay on their parents' plans until they are 26 years old.

Taxpayers are saving money. In fact, CBO has redone their estimates for the 10-year period after the passage of the Affordable Care Act to suggest that we are now going to save \$1.2 trillion on Federal health care spending, in large part because of the reforms in the Affordable Care Act.

Across this country millions of Americans who had been kept out of the ranks of the insured because of a preexisting condition now have access to health care, and tens of millions of seniors are paying less for their health care because they get checkups for free and they are able to access prescription drugs for 50 percent or less than the original cost when they reach that doughnut hole. So the Affordable Care Act is changing lives.

When you reorder one-sixth of the American economy, there are going to be bumps along the road. No one should come to the floor—even those of us who are the most vocal proponents of the law—and suggest there are not going to be some people who are not going to have the perfect experience. Of course there is no excuse for the way in which the Web site operated for the first several months. But it is time for proponents of this law to tell the real story, and the real story is that the Affordable Care Act is working. It is working for millions of Americans who now have access to health care. It is working for taxpayers who are spending less than ever before as you look at annual rates of growth in Federal health care spending.

Today and this week my colleagues and I are focusing on the benefits for one specific group of patients, one specific set of families all across this country, and those are patients and families dealing with cancer diagnoses.

So I will start this off—I will be joined later by Senator STABENOW and some of my other colleagues—and I want to talk first about a family in Indiana. I will talk about some families in Connecticut as well, but the Treinens have a story that is, frankly, not unique. They had insurance and they thought they had really good insurance. They didn't pay too much attention to the lifetime cap of \$1 million that was in their insurance policy because they just figured, as a relatively healthy family, there was no way they were ever going to spend \$1 million on health care over the course of their time on that insurance plan.

But as millions of families across this country know, cancer can interrupt your plans, and that is what happened to the Treinens. Their doctors diagnosed their teenage son Michael in 2007 with an aggressive form of leukemia. The treatment called for ten doses of chemotherapy that cost \$10,000 per dose. A 56-day stay in an Intensive Care Unit alone cost about \$400,000. So Michael and his family reached that \$1 million lifetime maximum in less than 1 year, and it was then left to this brave family to go out and raise money in solicitations in their neighborhood, in their community and all across the country, which miraculously allowed them to bring in \$865,000 in 6 days to keep their son's treatment going.

Needless to say, that avenue is not available to every family. But due to their ingenuity and their passion, the Treinens were able to raise almost \$1 million from private donors in order to keep their son's treatment going. But the story doesn't end well, however, for the Treinens. Even though money came in from all over the United States, and as far away as places such as Germany, Michael's cancer eventually stopped responding to chemotherapy and he died May 25, before he could receive the transplant they all hoped would save his life.

The reality is that insurance companies have been getting away with this practice for years—lifetime or annual limits that for 105 million Americans were preventing them from receiving care when they really got sick. That is what insurance really is supposed to be for. For those of us who buy insurance, we get it in the hopes that should we get very sick, that insurance plan will be there to help us. But with annual and lifetime limits, when people got really sick, especially with cancer diagnoses, that help wasn't there.

Tom Bocaccio, who is a retired police officer in Newington, CT, is still dealing with the consequences of lifetime caps. His wife past away after an 8-year struggle with adrenal cancer. After her death, the husband she left behind was saddled with a \$1.5 million bill because the Bocaccios, over that 8-year period of fighting cancer, had exceeded their lifetime cap. That changes Tom's life in a myriad of ways. He has lost his wife, and there is no way to describe the pain that comes with that, especially after that brave, courageous battle of almost a decade, but now his entire life is upended by the fact that he has a \$1.5 million bill he has to pay, and he doesn't have the resources to do that.

So first and foremost, for cancer patients all across this country, 105 million Americans no longer face lifetime limits on health care benefits. For cancer patients, not only does that deliver financial security, but it delivers mental and psychological security as well—to know in the midst of dealing with this diagnosis and all the pain that comes with confronting this disease head on, they do not also have to worry

about skimping on treatments, about cutting back on hospital stays that might harm the recovery or treatment of the patient simply because they are trying not to get above that annual or lifetime limit.

The benefits to cancer patients extend beyond just that protection on lifetime and annual limits. In addition, cancer patients are going to be able to keep their health care because of the ban on discrimination against families and individuals with preexisting conditions.

I have spoken about the Berger family many times on this floor. They are a family that explains exactly why we need this protection. The Bergers, from Meriden, CT, had a son who was diagnosed with cancer during the 2-week period in which the husband, through which the family had insurance, didn't have a job. He switched jobs, and during that 2-week period in which he was waiting to get insurance through his new job, their son was diagnosed with cancer. The new insurance policy decided it was a preexisting condition. The Bergers had to pay every dime of that treatment and they lost everything. They lost their savings, their home. Their lives were transformed because of the misfortune of having a cancer diagnosis at the wrong time.

No family anywhere in the country dealing with a cancer diagnosis will ever have to go through what the Bergers went through because here ever after the law of this land says that if you have a preexisting condition, you cannot be discriminated against.

There are all sorts of other benefits that matter, whether it be the fact you don't have to pay for preventive health care any longer so you can get a check-up without cost or clinical trials are now covered which many cancer patients enjoy the benefit of. Life changed for cancer patients and families dealing with cancer when the Affordable Care Act passed.

Senator STABENOW, myself, and others had a press conference earlier this week in which we heard the story of David Weis, a senior at Georgetown University who was diagnosed days before his 19th birthday with thyroid lymphatic cancer. David talks about the difference the Affordable Care Act makes for him, not only in financial terms but in terms of how he thinks about his future. David now can go out and get a job, search for and pursue a career based on what he wants to do with his life rather than based on what job will provide him with adequate benefits to treat his cancer should it reoccur.

I have a constituent who talks about it the same way. He was 14 when he was diagnosed with a form of leukemia. He went through treatment for over 3 years. His family now knows that with the Affordable Care Act—because he is only covered on his mom's policy until he is 26—after he ages out of his mom's plan, he will be able to pursue his dreams no matter what kind of insurance plan his prospective employer has.